



FAMILY CARE INTERNATIONAL



Commitments

to

Sexual and Reproductive
Health and Rights for All

Framework for Action

Based on relevant

international

agreements and

conventions,

including the Beijing,

Copenhagen,

Cairo, and Vienna

conferences.



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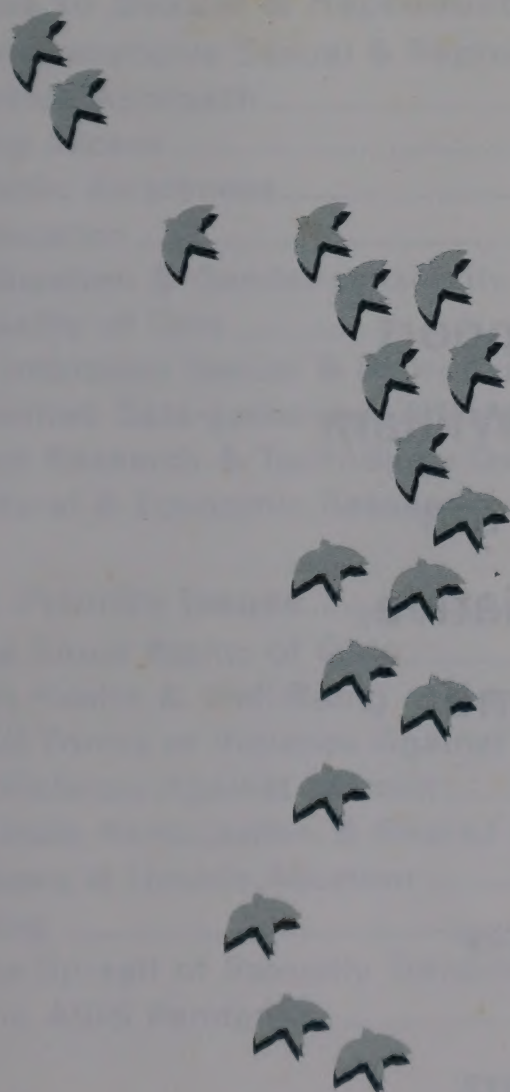
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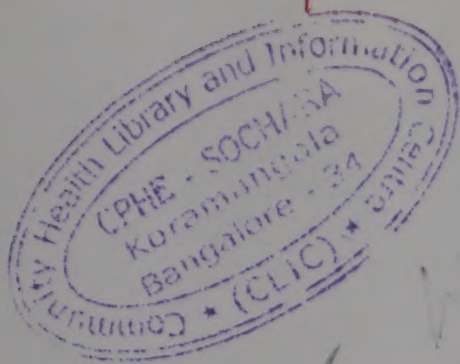
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Preface

In the 1990s, a series of global conferences of governments organised by the United Nations has produced an action agenda for socially equitable, sustainable development for the 21st century.

These conferences — including the Fourth World Conference on Women (Beijing, 1995), the World Summit for Social Development (Copenhagen, 1995), the International Conference on Population and Development (Cairo, 1994), and the World Conference on Human Rights (Vienna, 1993) — have culminated in a progressive, ambitious agenda for social equality, justice, development and peace. The documents resulting from these conferences reflect governmental commitments that now need to be acted upon at the national level.

Commitments to Sexual and Reproductive Health & Rights for All: Framework for Action compiles relevant governmental commitments from the conferences referred to, as well as from the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Declaration on the Elimination of Violence Against Women, into a coherent guideline for national implementation.

These international agreements reflect the strong governmental commitments made to **people-centred development**, based on the following key principles:

- *All individuals should be able to enjoy all human rights and fundamental freedoms.* Achieving social equality and justice is a priority objective of the global community, in particular for girls and women, indigenous and other vulnerable groups.
- *Empowering people and eradicating poverty*, especially through access to information, resources, and democratic institutions, is the key to unleashing human potential and securing peace and development for all.
- *Women's rights are human rights.* National development cannot be achieved without the full and equal participation of women in public and private decision-making, and their access to equal opportunities in all aspects of social and economic activity.
- *Men's shared responsibilities and participation* in all aspects of family and household responsibilities, including child-rearing and child support, sexual and reproductive behaviour and family planning practice, must be encouraged to enable men and women to develop partnerships based on equality and mutual respect.
- *Health and education for all are core factors of development* that must be dealt with as part of inter-related social, economic, and poverty eradication efforts.

Specifically, the International Conference on Population and Development and the Fourth World Conference on Women established **sexual and reproductive health and rights as fundamental to human rights and development**. These two world events, echoing other international agreements, endorsed key concepts that should transform policy-making in this field:

- *Sexual and reproductive health and rights*, especially a woman's fundamental right to control and make decisions about her body and sexuality, are an integral part of development and human rights.
- *Good sexual and reproductive health*, beyond the focus on demographics and family planning, are a prerequisite for socio-economic progress and sustainable development. Ensuring universal access to comprehensive sexual and reproductive health information and services, especially for women and adolescents, must be a priority goal for national programmes.
- *Population policies and family planning programmes must uphold the principles of voluntary and informed choice*, and not impose coercive measures that violate fundamental human rights, especially of women.
- *Mainstreaming a gender perspective in all policies, programmes and activities* is essential to improving outreach and impact, and making better use of existing resources. Incorporating a gender perspective does not necessarily require large financial investments, as it relies on changes in behaviours and attitudes. The returns, however, provide a highly cost-effective solution to addressing many health care problems, as well as socio-economic development obstacles at large.
- *Partnership with civil society*, in particular with non-governmental organisations specialised in sexual and reproductive health, and with women's groups, should become an integral element of government policy and programme planning, implementation and monitoring. The contributions, innovative and cost-effective approaches, and effective outreach of non-governmental groups have been recognised in many instances as models for replication.

While issues related to sexual and reproductive health and rights can often be controversial and sensitive topics, the international community has recognized that they can no longer be ignored. *Commitments* provides a brief, focused synthesis of the agreements reached by governments from a comprehensive perspective. It is intended to mobilise readers from all walks of life — government officials, non-governmental agencies and individuals — to act on these commitments and ensure follow-up on these vital but largely neglected aspects of human development.

Notes & Key to Using the Document

Purpose and Uses of the Document

Commitments to Sexual and Reproductive Health & Rights for All: Framework for Action provides a comprehensive check-list of governmental commitments in this area. It is intended to foster implementation of commitments by governments, non-governmental organisations (NGOs), the private sector, employers, research institutes, donors, the United Nations system, and civil society at large — from the individual to the institutional levels.

The document offers a user-friendly reference tool for a variety of activities related to developing and revising relevant policies, laws and programmes; advocacy and awareness-raising efforts; and monitoring follow-up and implementation.

Audience

Commitments applies to the attitudes, activities and responsibilities of all sectors of society. Sexuality and reproduction are universal aspects of human life, common to all. Improvements in sexual and reproductive health can benefit from the mobilisation and participation of a broad range of individuals and agencies. In fact, the international conventions and agreements on which this document is based assign specific tasks and responsibilities to:

- Governments and parliaments;
- Lawyers and the judiciary system;
- Educators, academic and research institutions;
- Health policy and programme planners;
- Health workers;
- Non-governmental organisations, including women's, youth, religious and other groups;
- Mass media;
- Employers;
- Trade unions and workers' organisations;
- Pharmaceutical industries;
- Bilateral and multilateral donors;

- Regional agencies and development banks;
- United Nations agencies;
- International organisations.

Structure of the Document

The document is divided into two general sections: Chapters 1 and 2 focus on *core principles and commitments* upon which all policies and programmes should be based; and Chapters 3 and 4 specify *programmatic components* that governments are committed to implementing through the development or strengthening of national plans.

The *core principles and commitments* provide the broad context for national implementation, mainly focusing on: respecting and protecting human rights, including sexual and reproductive rights, with particular attention to the human rights of women; poverty eradication and meeting basic needs for all, especially in education and health; and ethical standards in health care. In addition, the first two chapters suggest the institutional mechanisms and processes that should be established to ensure and monitor implementation, as well as the technical and financial resources that should be made available, including from international cooperation and the United Nations agencies.

Chapters 3 and 4 outline specific actions necessary for addressing *priority issues in sexual and reproductive health* and its intrinsic links to women's empowerment and gender equality; and, ultimately, for ensuring that core principles and commitments referred to in the first sections are honoured in relevant national plans. Each issue is divided into action areas, to facilitate identification of responsibilities and types of activities, as follows:

Policy

Law

Services

Training

Public Information & Education

Research

While each priority area represents a specific topic, it should be borne in mind that all are inter-related, so that measures to address one aspect of sexual and reproductive health and rights are, to a greater or lesser degree, essential in resolving any other given issues.

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Notes on the References Contained in the Document

Each statement found in *Commitments* is based on references compiled from the seven international documents listed below, reflecting original text as much as possible, while maintaining clarity and brevity. The references appear in chronological order, beginning with the most recent agreement. Since each inter-governmental document builds on all previous negotiated texts, the most recent one — in this case the Platform for Action of the Fourth World Conference on Women held in September of 1995 — generally reflects the most comprehensive, up-to-date concepts and terminology.

References are not exhaustive, though representative of the full extent of commitments made to sexual and reproductive health and rights in these international agreements.

Note on Government Reservations on Selected Commitments

Issues of sexuality and reproduction are sensitive and often controversial in every society. They lie at the root of private and intimate human relations and decision-making; challenge contemporary morality and religious beliefs; and touch on cultural traditions, taboos, and socialisation patterns.

UN conference documents represent a negotiated consensus — agreements which all parties can generally accept, but usually containing language that is open to interpretation and adaptation at the national level. Regardless of political, cultural or religious values, however, the international community has clearly affirmed that human rights are universal and indivisible, and must be respected in all countries. As such, culture and religion cannot be used as excuses to deny women or girls their equal rights, or to avoid abolishing harmful traditional practices that violate human rights. Despite traditional or cultural beliefs, and beyond national sovereignty, respect for human rights is of paramount importance.

Reservations and interpretative notes expressed by governments participating at the UN conferences referred to in this document stipulate the particular meaning they attribute to certain terms. Specific country-by-country statements are available at the end of each UN conference document or from convention records for reference.

Notes on International Agreements

Conventions, such as CEDAW and CRC, are human rights treaties that are legally binding and legally oblige state's parties to enforce them.

Conference statements, such as those resulting from recent United Nations conferences, are consensus documents reflecting commitments made by governments. While not legally binding, they are considered part of a growing body of international customary law which become customary for governments to respect and abide by.

Acronyms

CEDAW = Convention on the Elimination of All Forms of Discrimination Against Women, December 1979

CRC = Convention on the Rights of the Child, November 1989¹

DEVAW = Declaration on the Elimination of Violence Against Women, February 1994


FWCW = Fourth World Conference on Women, Declaration and Platform for Action, Beijing, September 1995

ICPD = International Conference on Population and Development, Programme of Action, Cairo, September 1994

WCHR = World Conference on Human Rights, Declaration and Programme of Action, Vienna, June 1993

WSSD = World Summit on Social Development, Declaration and Programme of Action, adopted by Heads of State, Copenhagen, March 1995

¹ The Convention on the Rights of the Child defines 'child' as "every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier".



I

Overall

Framework for

National Plans:

Creating the

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Policy Guidelines

For national plans to be effective and achieve their desired results, a broad-based approach is needed that takes into account the multiple dimensions and complexities of the issues being dealt with. Addressing sexual and reproductive health and rights involves incorporating an understanding of the inter-relationships that exist with socio-cultural, economic, gender, and political factors. It requires understanding sexual and reproductive health and rights as a central factor of development.

In developing national policies and programmes, the following overriding commitments and considerations should be taken into account:

General Commitments

Implement and enforce the interrelated commitments made in national laws and international agreements to people-centred sustainable development and human rights, including the Convention on the Elimination of All Forms of Discrimination Against Women, the United Nations Conference on Environment and Development, the Convention on the Rights of the Child, the Vienna Declaration and Programme of Action on Human Rights, the Declaration and Programme of Action of the World Summit on Social Development, the Programme of Action of the International Conference on Population and Development, the Declaration on the Elimination of Violence Against Women, and the Beijing Fourth World Conference on Women Platform for Action, among others.

FWCW Platform 106(a), 124(f), 230(b), 231(b), 306; WSSD Declaration 4, 10, Commitments 4(m), 5(k), 6(p), Programme 3, 9(j), 15(g), 35(c), 70, 79(a), 94; ICPD 4.5, 16.4; DEVAW 4(a); WCHR Declaration 21, Programme 39, 46.

In the implementation of agreements, ensure an integrated and inter-sectoral approach, cutting across traditional sectoral boundaries so as to protect and promote health for all in economic and social development, taking into account the health dimensions of policies and budgets in all sectors, and recognising the interrelationships between population, environment, development, and poverty eradication.

FWCW Platform 251, 306; WSSD Declaration 26(d), Commitment 6(o), Programme 3, 83(introduction,d,e); ICPD Principle 6, 3.3, 3.7, 3.28(a), 9.3, 13.4(a), 13.5.

In order to achieve health goals, *eradicate poverty* through people-centred social, human development, education and employment policies that recognise health as a development factor, based on a multi-sectoral approach sensitive to gender, cultural and ethnic perspectives. National strategies should be strengthened to *eradicate absolute poverty by a specified target date*.

FWCW Platform 60(b), 107(b), 247; WSSD Declaration Commitments 2(a,b), 6, Programme 24, 25, 26(b), 83(f); ICPD Principle 7, 3.4(b), 3.29(b), 6.4; WCHR Declaration 14, 25.

Recognise that improving *people's health is inseparably linked to sound environment*, and prevent and monitor the impact of environmental problems on health.

FWCW Platform 34; WSSD Programme 35(g); ICPD 8.10; WCHR Declaration 11.

Ensure *universal and equal access to quality basic education*, including completion of primary school by at least 80% of primary school-age children by the year 2000 and closing gender gaps in primary and secondary education by 2005, with particular attention to girls and women. Recognise education as fundamental to improving health, productivity, women's empowerment, quality of life, sustainable development, and respect for human rights.

FWCW Platform 69, 80(a,b), 279(a); WSSD Declaration Commitments 6(a,d), Programme 16(a), 28(d), 36(a,k), 60(a); ICPD Principle 10, 4.2, 4.3, 4.18, 6.4, 6.8, 11.1, 11.2, 11.5(a), 11.6, 11.8; CRC 28.1(a,b), 29.1(d); CEDAW 10(e).

Recognise that *gender equality and equity, and women's empowerment*, are essential for achieving political, social, economic, cultural and environmental security among all peoples, and are not isolated women's issues.

FWCW Declaration 13, Platform 41; WSSD Declaration 7, 26(o), Commitment 1(a), Programme 7, 70; ICPD Principle 4, 3.16, 3.18, 4.1.

In collaboration with non-governmental organisations, women's groups and other institutions of civil society, *develop a comprehensive national strategy for providing universal and equitable access for all to primary health care, including sexual and reproductive health*, with special attention to girls and women, without distinction as to race, national origin, sex, age, language, ethnicity, culture, religion, disability, socio-economic class, indigenous identity, marital, family or other status.

FWCW Platform 60(d), 106(e,i,y); WSSD Declaration Commitments 2(b), 5(d), 6(m,o), Programme 36(g,h), 37(d,e), 74(g); ICPD Principle 1, Principle 8, 6.4, 7.6; CRC Preamble, 2.1; CEDAW Preamble, 1, 12.1.

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Develop goals and time frames for improving women's health and for planning, implementing, monitoring and evaluating programmes based on gender-impact assessments using qualitative and quantitative data disaggregated by sex, age, other demographic criteria and socio-economic variables.

FWCW Platform 110(d); WSSD Programme 27(a), 83(h); ICPD 4.8, 12.4, 12.7.

Procure equitable representation of men and women in all sectors and levels of national and international policy-making and implementation — including participation in the political process, employment, income-generating activities, education, health and science and technology — and take positive steps to promote and increase the number of women at all levels of the health care system and the health professions, including in science and research, based on non-discriminatory professional standards to achieve equality at the earliest possible date.

FWCW Platform 5, 107(i), 109(c), 311; WSSD Declaration 7, 26(s), Commitments 5(a,b), Programme 14(i), 73(d); ICPD 3.18, 4.3(b), 4.4(a), 4.8, 7.7, 13.9(a), 13.18, 15.9; WCHR Declaration 18, Programme 43; CEDAW 7(b).

Promote male responsibility and equal partnerships between men and women, for the equal sharing of rights and responsibilities in all areas of public and private life, including in family life and sexual and reproductive behaviour, through laws, policy reforms, and changes in socio-cultural patterns.

FWCW Platform 179(c), 190(i), 192(e); WSSD Declaration 7, Commitments 5(a,g), Programme 7, 56(e), 81(d); ICPD 4.1, 4.11, 4.24, 4.25, 4.26, 4.27, 4.29, 5.9; CEDAW Preamble, 5(a).

“Nothing short of a renewed and massive political will at the national and international levels to invest in people and their well-being will achieve the objectives of social development...”

Heads of State, World Summit for Social Development, Copenhagen, March 1995, Programme of Action, Paragraph 82.

Policy-making Principles

In the implementation of all policies and programmes, while bearing in mind various historical, cultural, ethical and religious values, *ensure conformity with all human rights and fundamental*

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freedoms, including the right to development and the human rights of women and girls, and eliminate barriers to their full enjoyment.

FWCW Declaration 9, Platform 9, 213, 216, 231(a); WSSD Declaration 5, 25, 26(j), 28, 29, Commitments 1(a,n), Programme 15(a-d), 17(c,e), 66, 71(introduction,i), 82; ICPD 1.15, Principles (introduction), Principle 3, Principle 4, 6.4, 9.3; WCHR Declaration 5, 10, 13, 18, Programme 72; CEDAW 3.

Ensure *transparency, accountability and good governance* in all public and private and international institutions, in the budgetary process as in the delivery of services.

FWCW Platform 288; WSSD Declaration 26(n), Commitments 1(a), 9(f), Programme 14(b), 70, 71(f), 83(c); ICPD 3.12, 10.3, 15.6; WCHR Programme 74.

Define *population goals and policies in terms of unmet need*, and not impose quotas or targets for the recruitment of clients; any form of coercion has no part to play in family planning programmes.

ICPD 6.25, 7.12, 7.22.

The promotion of *reproductive rights for all people should be the fundamental basis* of all government and community-supported policies and programmes in the area of reproductive health, including family planning and sexual health.

FWCW Platform 95; ICPD 7.3, 7.4.

Incorporate a *holistic, life cycle approach* to people's health needs into health programmes.

FWCW Platform 106(c,f); ICPD 7.5(c); WCHR Programme 41.

Recognise that *discrimination against women begins at the earliest stages of life* and must therefore be addressed from then onwards.

FWCW Platform 38, 39, 259; WSSD Declaration Commitment 5(f); ICPD 4.15.

At the international and national levels, including in public and private institutions and the United Nations system, mainstream a *gender perspective* in all policies and programmes to analyse their effects, for both men and women, girls and boys, including on women's socio-economic and health status.

FWCW Declaration 38, Platform 57, 105, 189, 205(a), 229, 252, 273, 292, 296, 308, 313; WSSD Declaration Commitment 5(b), Programme 28(b); ICPD 4.8.

"...It is necessary to change the prevailing social paradigm of gender to usher in a new generation of women and men working together to create a more humane world order."

Heads of State, World Summit for Social Development, Copenhagen, March 1995, Programme of Action, Paragraph 7.

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Implementation & Monitoring Strategies

To ensure implementation of international commitments, all sectors of society should be enabled and mobilised to actively participate and contribute at all levels. Follow-up requires the development of comprehensive, multi-sectoral action plans; the clear identification and assigning of responsibilities, including in terms of institutions and technical and financial resources; the establishment of mechanisms for partnership with, and accountability to, civil society; and the collaboration and cooperation of the international community.

Mechanisms for Follow-up

Establish *multi-sectoral inter and intra-ministerial mechanisms for implementing and monitoring commitments, including in the areas of sexual and reproductive health and women's health policy and programme reforms.*

FWCW Platform 110(e), 111(c), 296; WSSD Programme 83(g); ICPD 3.7, 16.11.

Establish high-level focal points in national planning authorities responsible for *monitoring to ensure that women's health concerns are mainstreamed* in all relevant government agencies and programmes.

FWCW Platform 110(e).

Establish and strengthen mechanisms at all levels to ensure the accountability of national programmes and policies to the public, in particular to women and to vulnerable groups such as adolescents and the rural population.

FWCW Declaration 36, Platform 5, 43, 288, 291; WSSD Declaration 4, 26(n), Commitment 9(f), Programme 70, 71(f), 83(e); ICPD 13.8(a), 16.10.

Strengthen national coordination mechanisms for international cooperation, assigning responsibilities to all development partners, including inter-governmental and international and national non-governmental organisations.

FWCW Platform 111(c), 293, 295; WSSD Programme 83(b), 88(n); ICPD 14.7, 16.7.

In collaboration with non-governmental organisations, *prepare periodic progress assessments and reports* to monitor the achievement of goals and targets agreed to in international commitments.

FWCW Platform 289, 295; WSSD Programme 29(b), 83(j); ICPD 16.3, 16.12.

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Partnership with Civil Society

Establish national follow-up mechanisms to support and involve civil society, particularly non-governmental, women's and community organisations, and other relevant bodies, in the design, implementation, monitoring and evaluation of programmes and policies at all levels.

FWCW Platform 106(s,t), 288, 295, 298; WSSD Declaration Commitments 5(a), 10(a), Programme 8, 24, 37(e), 70, 82, 83(i), 85(b), 86(a), 100; ICPD 8.7, 15.4, 15.5, 15.8, 15.9, 15.10, 16.3, 16.10; WCHR Programme 52, 73.

Create a supportive environment for the effective participation of civil society in decision-making and implementation, in particular non-governmental organisations and women's groups, including by providing adequate financial and technical resources, and information and documentation.

FWCW Platform 228, 288, 350; WSSD Programme 14(h), 15(j), 71(c), 72(b,d), 85(introduction,d); ICPD 4.12, 7.9, 15.10.

Intensify cooperation with and involve the private sector, including in poverty eradication and health policy-making and implementation.

FWCW Platform 107(a-q), 111(a,b), 294, 303, 350; WSSD Programme 17(g), 27(f), 86(introduction,b); ICPD 3.18, 3.19, 3.32, 6.4, 6.14, 7.26, 13.6, 13.22, 15.16.

Decentralise health services and involve community-based and non-governmental organisations, including in sexual and reproductive health care.

FWCW Platform 106(c), 110(c); WSSD Programme 14(d), 72(c); ICPD 7.9, 7.26, 9.4.

The Role of the United Nations System

Provide assistance at the national level on request to implement commitments and develop integrated strategies for social development.

FWCW Platform 301, 355; WSSD Declaration Commitment 10(a), Programme 84(a), 99(c); ICPD 16.20(a,c).

Develop improved concepts and programmes for the collection and dissemination of statistics and indicators for social development to facilitate policy review and analysis.

WSSD Programme 84(c).

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The United Nations specialised agencies should *review their policies, programmes, and budgets* to enhance their capacity and effectiveness in supporting social development efforts and human rights, in particular of women.

FWCW 231(c,e,g), 305, 361; WSSD Programme 96(b); ICPD 14.13, 16.29;
WCHR Programme 2.

Study the impact of structural adjustment programmes on economic and social development and assist countries in creating conditions for economic growth, job creation, poverty eradication and sustainable development.

FWCW Platform 59(f); WSSD Programme 92(c).

Mainstream a gender perspective and the promotion of the human rights and equality of women in all United Nations policies and programmes.

FWCW Platform 292, 308; WCHR Programme 36, 37, 42.

The United Nations agencies should *strengthen their coordination at the global, regional and national levels*.

FWCW Platform 304, 307, 329; WSSD Programme 98(a); ICPD 14.7, 14.13, 16.25(b); WCHR Programme 1.

Develop mechanisms for the participation of non-governmental groups in the planning, implementation, and evaluation at the national and international levels, including participation in all relevant UN bodies, and in mechanisms for reviewing implementation.

WSSD Programme 100; ICPD 15.5.

Increase allocations for investments in women's health and develop mechanisms for coordinating and implementing health objectives.

FWCW Platform 111(a,c).

Regular review and monitoring of implementation of the inter-related commitments agreed to in international conferences should be carried out by the General Assembly.

FWCW Platform 312; WSSD Programme 95(a,b); ICPD 16.21; CEDAW 21.1.

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"We need reform in the social and economic field. Responsibility for sustainable development, poverty, population, education, and the environment is spread out. Mandates overlap. Let us draw up a schedule for implementing what we have decided in Rio, Cairo, Copenhagen and Beijing. We meant what we said. Now, let us do it."

Prime Minister of Norway, Gro Harlem Brundtland, Statement to the General Assembly on the Fiftieth Anniversary of the United Nations, 22 October 1995.

Mobilising Technical & Financial Resources

Attaining the goals of sexual and reproductive health for all will require mobilising additional investments in the social sectors, particularly in the areas of health and education. Maximising use of existing resources includes reallocations based on a reordering of priorities, improving coordination, integrating and decentralising services, as appropriate, and encouraging and supporting the contributions of civil society.

National Commitments

Governments should *allocate, on average, 20 per cent of official development assistance (ODA) and 20 per cent of the national budget, respectively, to the social sectors*, stressing poverty eradication and the commitments made to international agreements, and taking into account a gender perspective.

FWCW Platform 358; WSSD Programme 88(c); ICPD 14.11.

Review public spending, including to increase expenditures for health and education, from a social and gender equality and equity perspective to promote poverty eradication and equalising of opportunities.

FWCW Platform 58(d), 345, 346; WSSD Declaration Commitment 2(e), Programme 25, 74(b), 87(c); ICPD 13.23.

Reduce excessive military expenditures, so as to allow for reallocation of funds for social and economic development.

FWCW Platform 143(b), 349; WSSD Declaration 21, Commitment 9(g), Programme 70, 87(b).

Review and modify macroeconomic policies, including the impact of programmes related to structural adjustment, external debt and other sectors of the economy on social development, to *include social development goals, provide social safety nets, and promote more equitable distribution of services based on a gender perspective*.

FWCW Platform 58(a,b), 67(a,b), 175(b); WSSD Declaration Commitments 7(a), 8(b,d), Programme 27(a), 38(i), 74(f), 91(introduction,b); ICPD 3.22, 13.12, 13.23; WCHR Declaration 12.

Increase budgetary allocations for primary health care and investments in women's health and social services, giving special attention to the sexual and reproductive health of poor girls and women, and protect them from budgetary reductions.¹

FWCW Platform 58(d), 110(a), 111(a); WSSD Declaration Commitment 8(a), Programme 12(g), 91(a); ICPD 3.8, 7.21, 8.4, 13.17, 16.9.

Explore *health sector and policy reform*, including the rational allocation of resources, to achieve the objectives of universal access to primary health care, including reproductive health.

ICPD 8.5, 8.11

Review all training curricula and the delegation of responsibilities across health care levels to avoid unnecessary costly reliance on physicians and secondary and tertiary care facilities.

ICPD 8.8.

Improve the financial sustainability of reproductive health services by *integrating services*, such as family planning with maternal-child health, and by making use of and increasing budgetary allocations to community-based services, social marketing and cost-recovery schemes.

FWCW Platform 110(b); ICPD 8.8.

"It cannot be repeated often enough that there are few investments that bring greater rewards than investment in women."

Prime Minister of Norway, Gro Harlem Brundtland, Key Note Address to the International Conference on Population and Development, Cairo, Egypt, 5 September 1994.

¹ The total estimated costs of attaining universal integrated reproductive health care for all in the developing countries and the economies in transition — including family planning, basic reproductive health, prevention of STDs and HIV/AIDS, and data analysis — are: \$17 billion in 2000, \$18.5 billion in 2005, \$20.5 billion in 2010, and \$21.7 billion in 2015, as specified in the 1994 ICPD Programme of Action, Paragraphs 13.14, 13.15, 13.17. Additional investments will be required to strengthen the primary health care delivery system, child survival programmes, emergency obstetrical care, and broad-based programmes on STDs/HIV/AIDS, among others.

International Cooperation

The international community should meet the agreed target of 0.7% of GNP for overall official development assistance (ODA) as soon as possible and increase the share for poverty eradication and population assistance.

FWCW Platform 353; WSSD Declaration Commitments 7(e), 9(l), Programme 11(h), 88(b); ICPD 13.23, 14.11.

Mobilise and/or provide new and additional financial resources, including on concessional and grant terms, to support countries in their attempt to eradicate poverty, improve access to health care, including sexual and reproductive health, and achieve sustained economic growth, by reducing the debt burden through urgent implementation of existing debt-relief agreements and other debt-relief measures, and by making structural adjustment programmes responsive to social, economic and environmental concerns, among other measures.

FWCW Platform 59(a,c,d), 353, 357; WSSD Declaration Commitments 1(j), 7(c), 8 (introduction,g), 9(i,o), Programme 10(a), 11(e), 82, 90(introduction,a-f); ICPD 1.9, 1.13, 3.22, 14.17, 14.18, 16.18; WCHR Declaration 12.

International and regional organisations, including the United Nations system and in particular the multilateral development banks and other international donors, should *review their policies and programmes to include social development goals aimed at eradicating poverty and meeting basic needs based on a gender perspective in their policies, programmes and operations, including in structural adjustment agreements*, and by complementing adjustment lending with social development investment lending.

FWCW Platform 59(b,e), 342, 354, 359; WSSD Declaration Commitments 2(h), 6(s,u), 8(introduction,f,h), Programme 17(f), 91(introduction,b), 92(a); ICPD 8.2.

International development agencies, the United Nations system and multilateral development banks should establish regular measures and dialogue and combine resources in joint initiatives, including at the field level, to *ensure efficient coordination of social development assistance* for attaining the goals of agreed commitments.

WSSD Declaration Commitment 10(c), Programme 84(b), 88(o), 89(d), 96(a); ICPD 14.13, 16.20(b), 16.25(b).

Transfer technology and know-how to developing countries on favourable terms as a core objective of international cooperation, including for national capacity-building, effective delivery of education and health services, and the production of quality contraceptives.

WSSD Declaration Commitment 6(x), Programme 50(d); ICPD 3.21, 7.25, 14.6.

Strengthen and *support South-South cooperation*, based on partnership between developed and developing countries as well as among developing countries, and the exchange of experiences in resolving similar difficulties.

WSSD Declaration Commitment 9(n), Programme 88(i), 99(c); ICPD 16.19.

Overall

Framework for

National Plans:

Creating the

Conditions for

Sexual and

Reproductive

Health & Rights

“...[I]nvesting in a primary health-care system that ensures prevention, treatment and rehabilitation for all individuals is an effective means of promoting social and economic development as well as broad participation in society”.

Heads of State, World Summit for Social Development, Copenhagen, March 1995, Programme of Action, Paragraph 37(f).

2

Affirming

Sexual and

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Health & Rights

Defining Concepts & Rights

Attaining the goals of sustainable, equitable development requires that people are able to exercise control over their sexual and reproductive lives.

Sexual and reproductive rights are a cornerstone of development. The neglect of sexual and reproductive health and rights lies at the root of many of the problems the international community has identified in need of urgent action, including violence, sexual abuse and rape of women and children; HIV/AIDS; maternal mortality; teenage pregnancy; abandoned children; harmful practices such as female genital mutilation; population growth; the juvenisation and feminisation of poverty; and the violation of fundamental human rights and human dignity, including of the basic rights to security and liberty of the person.

The ICPD Programme of Action and the Beijing Platform for Action recognise *sexual¹ and reproductive rights as human rights, thereby affirming them as an inalienable, integral and indivisible part of universal human rights.*

Sexual Health aims at the enhancement of life and personal relations, and sexual health services should not consist merely of counselling and care related to reproduction and sexually transmitted diseases.

FWCW Platform 94; ICPD 7.2.

Reproductive Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes. People are able to have a satisfying and safe sex life and they have the capability to reproduce and the freedom to decide if, when and how often to do so. Men and women have the right to be informed and to have access to safe, effective, affordable and acceptable methods of their choice for the regulation of fertility which are not against the law, as well as the right of access to health care for safe pregnancy and childbirth. Reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems.

FWCW Platform 94, 97; ICPD 7.2.

Sexual Rights¹ include the human right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.

FWCW Platform 96.

Reproductive Rights embrace certain human rights recognised in national and international legal and human rights documents, including:

the basic right of all couples and individuals to decide freely and responsibly the number and spacing of their children, and to have the information, education and means to do so;

the right to attain the highest standard of sexual and reproductive health;

the right to make decisions concerning reproduction free of discrimination, coercion and violence.

FWCW Platform 95, 97, 216, 223; ICPD Principle 8, 7.3; WCHR Programme 41; CEDAW 16.1(e).

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¹ Although '*sexual rights*' as a *term* has not been established in international agreements, its definition and content were adopted within a human rights framework in the Beijing Platform for Action, Paragraph 96. It is worth noting that even governments expressing reservations in opposition to 'sexual rights' used the term in their statements at the closing session of the Beijing Conference.

Protecting & Promoting Human Rights

Protecting and promoting sexual and reproductive rights should be a fundamental basis of all relevant policies and programmes. In order to ensure respect for human rights in this area, actions should be guided by the following principles, and mechanisms to guard against abuses of these rights should be established.

Safeguarding Sexual & Reproductive Rights

Ensure that the human rights of women, including their sexual and reproductive rights, are fully respected and protected, and enable women to realise these rights.

FWCW Declaration 31, Platform 95, 96, 232(f); WSSD Declaration Commitments 5(i,k); ICPD 4.4(c), 7.3; CEDAW 3, 16.1(e).

Secure and incorporate into national legislation the right to the enjoyment of the highest attainable standard of physical and mental health throughout the life-span, including in the area of sexual and reproductive health, on the basis of equality of men and women, boys and girls.

FWCW Platform 89, 92, 106(b); WSSD Programme 70; ICPD Principle 8, 7.3; DEVAW 3(f); WCHR Programme 41; CRC 24.1; CEDAW 2(a), 12.1.

Recognise that the right of women to control all aspects of their health, in particular their own fertility, is basic to their empowerment and enjoyment of other rights, and a cornerstone of population and development programmes.

FWCW Declaration 17, Platform 92, 97; ICPD Principle 4.

Ensure full respect for the integrity of the person in matters of sexual relations.

FWCW Platform 107(d); ICPD 7.34.

Reform laws and institutions to enable men and women, on the basis of equality, to take responsibility for and exercise their reproductive rights, including in the area of sexual and reproductive health, and eliminate coercive or discriminatory laws and practices.

FWCW Platform 107(d); WSSD Declaration Commitment 1(a), 73(e); ICPD 4.4(c), 7.36(b); CEDAW 2(f), 12.1, 16.1(e).

Eliminate discrimination against women on the grounds of motherhood and their role in procreation, including practices by employers that require proof of contraceptive use, or denial of employment or dismissal based on pregnancy, maternity leave, or breast-feeding.

FWCW Platform 29, 165(c); ICPD 4.4(f); CEDAW Preamble, 2(a), 11.1(f), 11.2(introduction,a).

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Ensuring Conformity to Ethical & Human Rights standards

Encourage the development, implementation and dissemination of codes of ethics guided by existing international codes of medical ethics as well as ethical and human rights principles.

FWCW Platform 106(g).

Ensure that all health services and providers conform to human rights, ethical, professional and gender-sensitive standards in the delivery of health services, including in family planning and related reproductive health services.

FWCW Platform 106(g); ICPD 7.12, 7.17, 15.18.

Ensure responsible, informed free choice and consent by providing complete and accurate information on a full range of methods and medical options, including on potential benefits and side-effects, that enables individuals and couples to make voluntary informed decisions.

FWCW Platform 106(g,h); ICPD 7.5(a,b), 7.12, 7.15, 7.17, 7.23(b).

Establish systems for monitoring and evaluating user-centred services to detect, prevent and control abuses by family planning managers and providers and improve the quality of services.

ICPD 7.17.

Eliminate unethical practices such as prenatal sex selection, female genital mutilation, and female infanticide.

FWCW Platform 107(a), 277(c); WSSD Programme 79(b); ICPD 4.16(a), 4.23; DEVAW 4; CRC 24.3; CEDAW 2(f), 5(a).

Eliminate harmful, medically unnecessary or coercive medical interventions, such as excessive recourse to delivery by caesarian section, as well as inappropriate medication and over-medication of women.

FWCW Platform 106(h); ICPD 8.22.

Monitoring Research & Development

Research needs to be guided at all stages by gender and user perspectives, in particular women's, in strict conformity with internationally accepted legal, ethical and technical standards for biomedical research, and conducted with the participation of women's groups, local communities and institutions at all levels of the research and development process.

FWCW Platform 109(h); ICPD 12.4, 12.10, 12.16; WCHR Declaration 11.

Continuously monitor activities to test and introduce new technologies to avoid potential abuse, maintaining continuous surveillance of human genome and genetic research and of contraceptive safety and side effects, based on a women's health perspective. Ensure the safety of drugs and devices through the involvement of national regulatory agencies in all stages of the development and drug approval process to ensure conformity to legal and ethical standards. Disseminate the results of studies conducted.

FWCW Platform 106(u), 109(l); ICPD 12.11(b), 12.12, 12.15, 12.16; WCHR Declaration 11.

3

Universal

Access to

Sexual &

Reproductive

Health Care

Providing Comprehensive Sexual & Reproductive Health Care

Sexual and reproductive health eludes millions of the world's people. Men and women, youth and children, suffer the consequences — the dramatic impact on their socio-economic, personal and family well-being that results from maternal death, unsafe abortion, HIV/AIDS, unwanted and high-risk pregnancies, sexually transmitted diseases, infertility, and female genital mutilation. National development suffers from reduced productivity, social distress, and increased demands on government services.

Good sexual and reproductive health is essential for people's empowerment and their ability to lead productive lives. Governments should promote the fundamental right to health and ensure that people are able to exercise their right to comprehensive sexual and reproductive health care throughout their lives based on a holistic approach.

An Integrated Approach

Develop a comprehensive national strategy to ensure universal access to all individuals and couples of appropriate ages throughout the life cycle to a full range of high quality, affordable sexual and reproductive health services, which includes family planning, through the primary health care system as soon as possible and no later than the year 2015, with particular attention to maternal and emergency obstetric care, especially in underserved areas.

FWCW Platform 106(e,i); WSSD Declaration Commitments 2(b), 5(d), Programme 36(h); ICPD 1.12, 7.2, 7.4, 7.5(a), 7.6, 8.3(a), 8.5, 8.8; CEDAW 12.1.

Sexual and reproductive health services within the primary health care context should seek to include:

- quality family planning counselling, information, education, communication and services;
- prenatal, safe delivery and post-natal care, including breast-feeding;
- prevention and treatment of infertility;
- prevention and management of complications of unsafe abortion;
- safe abortion services, where not against the law;

Universal**Access to****Sexual &****Reproductive****Health Care**

prevention, diagnosis and treatment, wherever possible, of reproductive tract infections, sexually transmitted diseases and other conditions of the reproductive system;

information, education and counselling on human sexuality, sexual and reproductive health, and responsible parenthood, including on effective prevention of sexually transmitted diseases and HIV;

promotion, supply and distribution of high-quality condoms; active discouragement of harmful practices, such as female genital mutilation;

information for women about the factors which increase the risks of developing cancers and infections of the reproductive tract; medical and mental health services for girls and women of all ages who have experienced any form of violence;

referral for additional services related to family planning, pregnancy, delivery and abortion complications, infertility, reproductive tract infections, sexually transmitted diseases and HIV/AIDS, and cancers of the reproductive system, including breast cancer.

FWCW Platform 106(e,i,q), 107(q), 108(m), 109(e), 283(d); WSSD Declaration Commitment 5(d), Programme 36(h), 37(d), 39(e), 79(b); ICPD Principle 8, 1.12, 7.6, 7.16, 7.24, 7.30, 7.32, 7.33, 7.45, 8.35; CRC 39; CEDAW 12, 14.2(b).

Facilitating Access

Remove all barriers and obstacles to women's access to health services, including to sexual and reproductive health.

FWCW Platform 106(c); WSSD Programme 7, 70, 73(c); ICPD Principle 8, 3.18, 7.19, 7.20, 8.6; CEDAW 12.1.

Develop a strategy for providing social security for all. Allow women equal access to social security systems throughout the life cycle.

FWCW Platform 58(o), 106(d); WSSD Programme 38(a,b), 51(d), 56(b); ICPD 4.4.(d), 5.3, 6.17(b); CEDAW 11.1(e), 14.2(c).

Providing Comprehensive Sexual & Reproductive Health Care

Private-sector employers and workers' organisations should increase access to quality, affordable health care, including by implementing reproductive health programmes for their employees and members. Health benefits should include family planning and reproductive health services in the package of benefits they provide.

FWCW Platform 106(introduction,a,c,e); WSSD Programme 86(c); ICPD 5.3, 15.20.

Reappraise and design reproductive health interventions to take into account women's multiple roles and the demands on women's time, including from child-rearing, household duties and income-generating activities.

FWCW Platform 106(c), 107(h); WSSD Programme 38(j); ICPD 4.11, 8.6.

Encourage health care workers to work in low-income communities and rural areas, and provide outreach services to make health care available in otherwise unserved areas.

WSSD Programme 37(f); ICPD 7.26.

Mobilising Public Awareness

3

Public information and education are essential to attaining sustained improvements in sexual and reproductive health. Preventive health care, rather than reliance on costly curative care, largely depends on empowering people to manage their own health based on reliable information. Education efforts must therefore also enable men and women to become aware of, and exercise their rights in this area.

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Public Education

Establish gender and culturally-sensitive information, education and communication plans to ensure that women and men, particularly young people, can acquire knowledge about their health, especially information on sexuality and reproduction.

FWCW Platform 107(e); ICPD 11.11, 11.15(b), 11.19, 11.20.

Mobilise public opinion and launch public education campaigns in support of sexual and reproductive health and rights, including on priority issues such as: safe motherhood; family planning; discrimination against and value of the girl child; child abuse; violence against women; male responsibility; gender equality; sexually transmitted diseases and HIV/AIDS; responsible sexual behaviour; teenage pregnancy; and the early prevention, detection and treatment of breast, cervical and other cancers of the reproductive system.

FWCW Platform 107(m), 232(f); ICPD 11.16, 11.17.

Support efforts to increase women's awareness of their rights, including in the areas of sexuality and reproduction, and strengthen women's groups and their efforts to launch national campaigns on these issues.

FWCW Platform 232(f); WSSD Programme 73(c); ICPD 4.3(c), 4.4(c), 4.12;
DEVAW 4(o,p); WCHR Programme 81.

Involve entertainment and mass media more effectively in mobilising public awareness on gender-sensitivity and sexual and reproductive health and rights issues.

FWCW Platform 83(i); WSSD Programme 16(c,d); ICPD 11.23.

Health Education & Gender-Sensitivity in Schools

Introduce education about population issues, health and nutrition information, including on sexual and reproductive health and gender equality and equity, in primary school and through all levels of formal and non-formal education in order to enable people to realise their potential with regard to health.

FWCW Platform 83(r), 107(j); WSSD Declaration Commitment 6(l);
ICPD 7.37, 11.5(c), 11.9, 11.24.

Remove legal, regulatory and social barriers to sexual and reproductive health education within formal education.

FWCW Platform 83(k).

Schools, the media and other social institutions should develop and review all types of communication and educational materials, school curricula, facilities, and teacher attitudes to eliminate gender stereotypes and discrimination, promote mutually respectful and equitable gender relations, and ensure awareness of and sensitivity to gender and reproductive health issues, including greater coverage of reproductive choices and responsibilities and sexually transmitted diseases, including HIV/AIDS.

FWCW Platform 83(a), 108(k), 276(c); WSSD Declaration Commitment 6(l),
Programme 16(b); ICPD 4.19, 7.37, 11.5(c), 11.9, 11.24; DEVAW 4(j);
CEDAW 10(c).

Improving Quality of Care

3

In many cases, poor quality of care inhibits people from using existing services, or from returning to them when the need arises. Services may be offered at hours which are inconvenient to users; providers may have socio-cultural prejudices and discriminatory attitudes based on sex, age, marital status or ethnicity, or treat users with disrespect; the information and education offered may be biased or incomplete, failing to meet individual user needs; a lack of technical competence may lead to inappropriate or inadequate treatment, resulting in morbidity or even death; contraceptives, pharmaceuticals or equipment may be of unreliable quality and supply; or abuses may take place, such as forced sterilisation, that violate the user's rights to informed choice, informed consent and privacy, resulting in mistrust and rejection of services.

Quality of care can only be achieved where quality has been defined by both the users and providers of services, and where women are actively involved in service delivery. Improvements in quality of care are necessary to ensure that people are able to access the information and services they need to reach the highest attainable standard of sexual and reproductive health and well-being.

All public and private sexual and reproductive health programmes, including family planning, should improve quality of care by:

- redesigning services and all training programmes to ensure that they are gender-sensitive and incorporate gender and user perspectives;

- providing accessible, complete and accurate information about various medical options and family planning methods, including their health risks and benefits, side effects and effectiveness in preventing the spread of sexually transmitted diseases and HIV/AIDS;

- ensuring safe, affordable, accessible, acceptable and convenient services for the user;

- protecting the service users' rights to privacy and confidentiality, and training health care providers accordingly;

- rationalising drug procurement and ensuring a continuous supply of high-quality pharmaceuticals, contraceptive and other supplies and equipment, using the WHO Model List of Essential Drugs as a guide;

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ensuring adequate follow-up care, including for side effects of contraceptive use;

ensuring availability of related services, on site or through referral;

expanding and improving training for all health care providers in sexual and reproductive health and family planning, including training in interpersonal communications and counselling;

ensuring that the motivational and counselling efforts of sexual and reproductive health care providers are free from coercion;

emphasizing qualitative indicators through surveys, evaluation and information systems which take into account the perspectives of current and potential users.

FWCW Platform 106(e,f,u), 107(p); ICPD 6.24(a,b), 7.5(a), 7.14(c), 7.21, 7.23(a-g), 7.45, 11.21, 12.19, 13.9(a).

Research for Improved Sexual & Reproductive Health

3

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Access to

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Health Care

Despite advances in research on sexual and reproductive health, gaps remain in terms of: policy-oriented research; data-gathering and analysis capacity, especially regarding gender, age, ethnicity, and mortality differentials; socio-economic and cultural research that takes into account the perspectives of users and less empowered groups; the availability of women-controlled and male methods of contraception; as well as other neglected issues.

Policy-oriented Data-gathering, Analysis & Dissemination

Support research institutions, train researchers and strengthen national capacity to gather, analyse, disseminate and use population data, collected and disaggregated by age, sex, demographic and other socio-economic variables, for policy and programme planning, monitoring and evaluation of the attainment of health, education, gender, ethnic and social equity goals.

FWCW Platform 109(a); WSSD Programme 16(e), 29(a,b), 86(f); ICPD 12.2(b), 12.3, 12.8, 12.20.

Promote gender-sensitive research and consider gender-disaggregated data in all data collection and analysis activities.

FWCW Platform 109(b), 206(i); WSSD Programme 16(e), 29(a); ICPD 4.8, 12.4, 12.7.

Establish quantitative and qualitative databases to meet research and policy needs allowing for linkages between population, education, health, poverty, family well-being, environment and development issues. Special attention should be given to developing indicators and supporting operations research on the quality, client-sensitivity, utilisation and accessibility of care and technologies, particularly by women, taking into account the perspectives of current and potential users.

FWCW Platform 109(g), 206(i); WSSD Programme 86(f); ICPD 7.23(g), 12.3, 12.5, 12.13, 12.20(b).

Policy-oriented research should be undertaken at the national and international levels. Information, data and research findings should be made accessible and available to policy and decision-makers, parliamentarians, health professionals, programme planners and managers, researchers, the private sector, and non-governmental, women's, religious, and community groups, among others, for their timely use.

FWCW Platform 109(k); ICPD 11.11, 11.14, 11.17, 12.4, 12.22, 12.23.

Biomedical Research & Technology Development

Expand reproductive choice through the mobilisation of the full spectrum of biomedical, social and behavioural research on reproductive health and sexuality, ensuring the participation of women's groups in all aspects of such research.

FWCW Platform 109(h); ICPD 12.11(a,c), 12.16.

Encourage the involvement of industry in the production and distribution of new methods for the regulation of fertility, and encourage them to disseminate consumer information.

ICPD 12.15, 15.15(b), 15.16, 15.18.

Improve and develop new methods for the sexual and reproductive health of men and women, including methods for the regulation of fertility that meet users' needs and are more safe, effective, affordable, acceptable, easy to use, free of side effects, and suitable for different groups, and for different phases of the reproductive life cycle.

FWCW Platform 109(h); ICPD 12.12, 12.14.

Place priority on research on male and female barrier methods; simple and inexpensive methods to prevent, diagnose and treat sexually transmitted diseases, including HIV/AIDS; microbicides; new contraceptive methods for men; adolescent sexual and reproductive health needs; infertility; and natural family planning.

FWCW Platform 108(o,p), 109(h); ICPD 12.10, 12.12, 12.14, 12.18.

Ensure the safety and quality of methods for regulating fertility through continuous surveillance.

FWCW Platform 106(u); ICPD 12.11(b), 12.12, 12.16, 15.18.

Socio-cultural & Economic Research

Promote socio-cultural and economic research on the linkages between population, poverty alleviation, economic growth, the environment, health, and gender relations to guide effective sustainable development policies.

FWCW Platform 109(d,f), 258(b-iii); ICPD 3.31, 12.21, 12.23.

Mobilise the resources of universities and research institutes to improve understanding of the impact of structural adjustment measures on people living in poverty, and integrate the results into decision-making.

FWCW Platform 59(e); WSSD Programme 29(c), 92(c).

Support and fund social, economic, political and cultural research on how sexuality, age and gender differentials in different cultural settings affect health, particularly on: discrimination and violence against women; genital mutilation; male attitudes; risk-taking behaviour regarding sexually transmitted diseases, HIV/AIDS, reproductive tract infections and unplanned pregnancies; the determinants and consequences of induced abortion; cancers; and the provision and utilisation of existing services, technologies, and treatment.

FWCW Platform 109(d,f,i); ICPD 7.38, 12.13, 12.17.

Give priority to research on the linkages between women's roles and status and demographic processes, including regarding changing family structures; men's and women's use of time, access to power and decision-making and control over resources; associated norms, laws, values and beliefs; and the economic and demographic outcomes of gender inequalities.

FWCW Platform 109(d); ICPD 12.24.

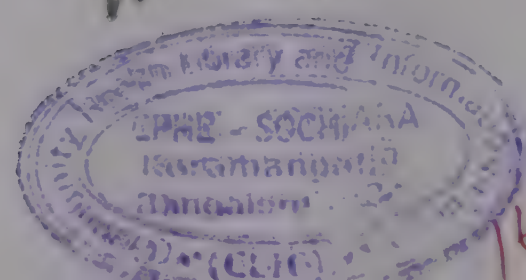
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4

National

Plans:

Priority

Issues

As part of the commitment to *develop a comprehensive national strategy to ensure universal access to sexual and reproductive health care and to protect sexual and reproductive rights*, Governments are urged to develop or strengthen *national plans to address priority issues* identified by the international community as especially urgent.

Promoting the Equal Rights of Girls

4

Women's empowerment is essential to achieving gender equality and equity and sustainable development. Discrimination against women begins very early in life. Investments in girls and young women are therefore critical to achieving priority socio-economic development objectives.

In many countries, girls have less access to education, health, and nutrition than boys, limiting their opportunities for full participation in public and private life. From an early age, women are less empowered than men to manage their sexual and reproductive lives. Their unequal status limits their ability to protect themselves in adolescence and adult life from sexually transmitted diseases, HIV/AIDS, unwanted pregnancy, and coercive sexual relations. In addition, as a result of discriminatory attitudes and cultural traditions, girls are subjected to harmful practices, such as female genital mutilation, that have grave consequences for their health and well-being.

National

Plans:

Priority

Issues

Goals

Protect and promote the rights of children, in particular of the girl child.

FWCW Platform 274(f); WSSD Programme 39(d); ICPD 4.16(a,c); WCHR Declaration 18, 21, Programme 48, 49.

Enable and encourage girls and young women to participate actively, effectively and equally with boys at all levels of social, economic, political and cultural decision-making and leadership.

FWCW Platform 40, 260, 265; ICPD 4.17.

Enable girls, without exception, to develop their full potential and skills through equal access to education, nutrition, physical and mental health care and related information.

FWCW Platform 272; WSSD Declaration Commitments 5(f), 6(c); ICPD 4.16(c).

Policy & Law

Sign, ratify and fully implement the Convention on the Rights of the Child through the adoption of all necessary legislative,

administrative and other measures, and by fostering an environment that encourages full respect for the rights of children.

FWCW Platform 230(l), 274(a); WSSD Programme 15(g), 75(h); WCHR Declaration 21, Programme 46, 47.

Formulate social and development policies and programmes to help the family, in its various forms, protect, respect and promote the potential of the girl child, with particular emphasis on the elimination of intra-family discrimination.

FWCW Platform 29, 285(a,b); WSSD Declaration 26(h), Commitments 4(k), 5(a), Programme 25, 39(a,d), 73(c), 74(e), 80, 81(introduction,a); ICPD Principle 9, 5.1, 5.2(c), 5.8, 5.9, 5.10; WCHR Declaration 21.

Leaders at all levels of society should speak out and act forcefully against patterns of gender discrimination within the family based on preference for sons.

FWCW Platform 277(c); ICPD 4.17.

Ensure that children, particularly girls, enjoy their rights and are enabled to exercise those rights by making health care accessible to them, including through school and community-based health education programmes.

WSSD Declaration Commitments 6(c,l).

Enact and strictly enforce laws to ensure that marriage is only entered into with the free and full consent of the intending spouses, at a legal age of consent and marriage.

FWCW Platform 274(e); WSSD Programme 80; ICPD Principle 9, 4.21, 6.11; CEDAW 16.1(b).

Raise the minimum legal age for marriage where necessary.

FWCW Platform 274(e); ICPD 4.21; CEDAW 16.2.

Eliminate early and child marriages or child unions, and create a socio-economic environment that discourages early marriage.

FWCW Platform 107(a), 277(d); ICPD 4.21, 5.5, 6.11.

Repeal existing discriminatory laws and regulations and eliminate harmful practices such as female infanticide, prenatal sex selection and female genital mutilation.

FWCW Platform 107(a), 124(i), 232(h), 277(c); ICPD 4.22, 5.5, 7.40; WCHR Programme 49; CEDAW 5(a).

Support non-governmental organisations, community-based and religious organisations in their efforts to promote changes in negative attitudes and practices towards girls.

FWCW Platform 124(i), 232(h), 276(a), 277(c); ICPD 4.22; DEVAW 4(e); WCHR Programme 52; CEDAW 5(a).

National

Plans:

Priority

Issues

Services

Strengthen and reorient health education and services, particularly primary health care programmes, including sexual and reproductive health, to meet the physical and mental health needs of girls.

FWCW Platform 281(c); WSSD Declaration Commitment 6(l).

Develop age-appropriate, safe and confidential programmes for medical, social, psychological, rehabilitation and support services to assist girls who are subjected to violence and sexual abuse.

FWCW Platform 283(d); WSSD Programme 39(c), 79(b); ICPD 4.9, 7.45; CRC 39.

Training

Provide gender-sensitisation training for health planners and implementors, and for providers of rehabilitation and other assistance programmes, on the special health needs of the girl child.

FWCW Platform 281(h), 283(c).

Public Information & Education

Modify the social and cultural patterns of conduct of men and women to eliminate all practices based on stereotyped roles for men and women.

FWCW Platform 124(k); WSSD Programme 73(d); DEVAW 4(j); CEDAW 5(a).

Launch special educational and public information efforts to promote the equal treatment of girls and boys in nutrition, health care, education and social, economic and political activity, and to raise awareness of the disadvantaged situation of girls among policy-makers and communities.

FWCW Platform 278(a), 281(a), 285(c); ICPD 4.17.

Eliminate discrimination against the girl child through education programmes and media campaigns that raise public awareness on gender-sensitivity, the value of the girl child, the importance of education for girls, and the need to eliminate son preference. Involve parents in eliminating discriminatory attitudes and encourage them to treat girls and boys equally in the family.

FWCW Platform 83(i), 277(d), 278(c), 285(c); WSSD Programme 14(c), 16(b);
ICPD 4.16(b), 4.17, 4.29, 11.16.

Train teachers and educators to provide them with effective strategies for gender-sensitive teaching.

FWCW Platform 83(c), 279(e); WSSD Declaration Commitment 6(h); ICPD 11.8.

Take affirmative steps to enable all children, on an equal basis, to attend and complete school and to close the gender gap in primary, secondary, vocational and higher education.

FWCW Platform 80(a,b), 279(a); WSSD Declaration Commitment 6(d); ICPD 6.8, 11.6, 11.8; CRC 28.1(a-e); CEDAW 10(e).

Schools and other educational efforts should urgently instill respectful attitudes towards girls and introduce relevant programmes for boys from pre-school level onward, before they become sexually active, that promote equality, mutual respect and shared responsibilities between girls and boys in sexual health and fertility, and domestic and family responsibilities.

FWCW Platform 83(b); ICPD 4.29, 7.37.

Encourage the media and educational institutions to eliminate stereotyped images of boys and girls, men and women, and to promote gender sensitivity.

FWCW Platform 243(d), 244(a), 277(b); WSSD 16(d).

Develop educational programmes and teaching materials to educate men and women on the importance of girls' physical and mental health, and on the harmful effects of certain traditional or customary attitudes and practices on girls' and women's health and well-being, including discrimination against girls in food allocation, nutrition and access to health services, female genital mutilation, son preference, early marriage, violence against girls, child prostitution, sexual exploitation, abuse, rape and incest, and encourage their elimination.

FWCW Platform 107(a), 276(b), 277(d), 281(a); ICPD 7.40; CRC 24.2(e).

Promoting the Health & Well-Being of Adolescents

4

About 50 per cent of the world's population is under the age of 20, and adolescents and young people are at the highest risk of sexual and reproductive health problems. More than 15 million girls aged 15 to 19 give birth every year. One in 20 adolescents contracts an STD, with the highest rates occurring in youth 15 to 24 years of age. In many developing countries, 60 per cent of all new HIV-infections are among 15 to 24 year olds. Two million girls undergo female genital mutilation every year. And 10 per cent of abortions, or as many as 5 million a year, are among women 15 to 19 years of age. In addition, girls and young women are especially vulnerable to rape, sexual abuse and sexual exploitation.

Young people are humankind's future. Their full participation and integration in society requires that they be enabled to manage their sexual and reproductive lives responsibly and in an informed way, through education and services that meet their developmental needs. To date, the needs and rights of adolescents in this area have been largely ignored by existing programmes, as by society at large.

National

Plans:

Priority

Issues

Goals

Protect and promote the rights of adolescents to sexual and reproductive health information and services, and reduce the number of adolescent pregnancies.

FWCW Platform 107(e); ICPD 7.44(a,b), 7.46.

Ensure that girls and women have continuing, full and equal access to necessary health and nutrition information and services as they mature and throughout their life span.

FWCW Platform 106(m); WSSD Programme 35(c); ICPD 4.20.

Eliminate discrimination against young pregnant women.

ICPD 6.11.

Policy & Law

Develop integrated service, information and educational programmes for adolescents that address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion, sexually transmitted diseases and HIV/AIDS.

FWCW Platform 83(l), 107(g), 108(k), 267; WSSD Declaration Commitment 6(l); ICPD 6.7(b), 7.3, 7.41, 7.44(a,b), 7.47; CRC 17.

Remove legal, regulatory and social barriers to reproductive health information and services for adolescents.

ICPD 7.45.

Safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, with the support and guidance of their parents and in line with the Convention on the Rights of the Child.

FWCW Platform 107(e); ICPD 6.15, 7.45; CRC 16.1, 16.2.

In all actions concerning children, the best interests of the child shall be a primary consideration and the guiding principle of those responsible for his or her education and guidance. The responsibilities, rights and duties of parents or legal guardians should be taken into account in the development of sexual and reproductive health information, education, and services to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the child's exercise of his/her rights.

FWCW Platform 107(e), 267; ICPD Principle 10; WCHR Declaration 21; CRC 3.1, 3.2, 5, 14.2.

Provide material, financial and logistical support to youth non-governmental organisations in order to strengthen their involvement in the design, implementation and evaluation of sexual and reproductive health programmes and policies that concern them, including on teenage pregnancy, sex education, sexually transmitted diseases, and HIV/AIDS.

FWCW Platform 111(b), 284(b); WSSD Declaration Commitment 4(h), Programme 40(g), 75(i); ICPD 6.15, 7.43, 7.47, 11.20, 11.24.

Involve and train all who are in a position to provide guidance to adolescents concerning responsible sexual and reproductive behaviour, including parents, communities, the media, religious groups and peer groups.

ICPD 7.48.

Provide special support to pregnant adolescents and young mothers, especially from the family and community, during pregnancy and child care, and enable them to complete their schooling.

FWCW Platform 80(g), 83(s), 88(b), 277(a); WSSD Declaration Commitment 6(d), Programme 74(l); ICPD 6.11, 7.47, 11.8; CEDAW 10(f).

National

Plans:

Priority

Issues

Services

Reorient health education and services, particularly primary health care, to meet the needs of adolescents. Integrated sexual education and services for young people should include:

family planning information, counselling and services for sexually active adolescents suitable for that age group, including on voluntary abstinence;

counselling on gender relations, violence against adolescents and sexual abuse, sexual and reproductive health and responsible behaviour, and sex education and information for the prevention of sexually transmitted diseases and HIV/AIDS;

services for young, expectant and nursing mothers;

confidential mental health services for girls and young women who have experienced any form of violence, and prevention and treatment of sexual abuse and incest.

FWCW Platform 106(e, q), 107(g), 281(c,g), 283(d); WSSD Programme 39(e), 79(b); ICPD 7.37, 7.44(a), 7.45, 7.47, 8.31.

Ensure that the programmes and attitudes of health care providers do not restrict access of adolescents to the services and information they need.

ICPD 7.45.

Training

Train health care providers on adolescent's needs and perspectives in the area of sexual and reproductive health, including on the need to respect their right to privacy, confidentiality, and informed consent and to avoid judgemental attitudes.

FWCW Platform 106(f), 107(e); ICPD 7.23(c,d), 7.45, 13.9(a).

Train primary health workers to recognise and care for girls and women of all ages who have experienced any form of violence, especially domestic violence and sexual abuse.

FWCW Platform 106(q).

Public Information & Education

Develop an integrated approach to the general and reproductive health, education and social needs of girls and young women, including by establishing school and community-based health programmes on a whole range of health issues, including on basic health and nutrition, the physiology of reproduction, reproductive and sexual health, family planning, sexually transmitted diseases, HIV infection and AIDS prevention.

FWCW Platform 281(e,f); WSSD Declaration Commitment 6(l); ICPD 4.20, CRC 17, 24.2(e); CEDAW 10(h).

Develop educational and counselling programmes for adolescents in the areas of gender relations and equality, violence against adolescents, including sexual violence and abuse, responsible sexual behaviour, unwanted pregnancy, reproductive health, and the prevention of sexually transmitted diseases and HIV/AIDS.

FWCW Platform 83(l), 107(g), 108(k); ICPD 7.41, 7.47.

Promote programmes directed at the education of parents, and involve parents and community leaders in population education, to ensure their acceptance and better support the maturation of their children in the areas of sexual behaviour and reproductive health.

ICPD 7.48, 11.9; CRC 24.2(f).

Sensitise the girl child, parents, teachers and society concerning the health dangers and other problems connected with early pregnancies.

FWCW Platform 281(b).

Establish peer education and outreach programmes to reduce the vulnerability of girls to HIV/AIDS and other sexually transmitted diseases.

FWCW Platform 281(d).

Eliminate all barriers that impede the schooling of married and/or pregnant adolescents and young mothers, including by providing affordable and physically accessible child-care facilities, other support services and parental education to encourage those who are responsible for the care of their children and siblings to return to or complete schooling.

FWCW Platform 80(g), 83(s), 88(b), 277(a); WSSD Declaration Commitment 6(d), Programme 74(l); ICPD 6.11, 11.8; CEDAW 10(e,f).

National

Plans:

Priority

Issues

Research

Special attention should be given to the sexual and reproductive health needs of adolescents in order to develop suitable policies and programmes and appropriate technologies to meet their needs.

ICPD 12.14.

Eliminating All Forms of Violence Against Women, Youth & Children

Urgent efforts are needed in every country of the world to combat violence against women and children. Violence against women is now recognised by the international community as a violation of human rights that prevents women's enjoyment of their fundamental freedoms — a manifestation of unequal power relations between men and women. Apart from its tragic impact on the overall physical and mental well-being of those affected by violence, gender-based violence has specific manifestations and consequences for the sexual and reproductive health and rights of girls and women. Despite increasing awareness on the need to eradicate it, intensified efforts are required from governments and civil society at all levels.

Goal

Eliminate all forms of violence against women, youth and children.

FWCW Declaration 29, Platform 224, 232(g); WSSD Declaration Commitment 5(h), Programme 70, 79(b); ICPD Principle 4, 4.4(e), 4.9; DEVAW Preamble, 4; WCHR Declaration 18, Programme 38; CRC 19.1.

Defining Violence Against Women

Violence against women is defined as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering, whether occurring in public or private life, in the family, in the community, or perpetrated or condoned by the State.

Violence against women is a human rights violation. It encompasses, but is not limited to:

battering, rape, systematic rape, marital rape, non-spousal violence, sexual abuse, sexual harassment, dowry-related violence;

female genital mutilation, prenatal sex selection, female infanticide, and other traditional harmful practices;

forced pregnancy, forced sterilisation, forced use of contraceptives, forced abortion;

National**Plans:****Priority****Issues**

forced prostitution, sexual slavery, trafficking, and violence related to exploitation and armed conflict.

FWCW Platform 113, 114, 115, 118, 122, 232(g); WSSD Programme 79(b); ICPD 4.9, 4.10; DEVAW 1, 2; WCHR Programme 38.

Policy

Develop and/or strengthen existing national plans of action, in collaboration with non-governmental organisations, to promote the protection of women, youth and children from any form of violence.

FWCW Platform 107(q), 124(j), 283(b); WSSD Declaration Commitment 5(h), Programme 15(k), 79(a); ICPD 4.4(e), 4.9, 6.9; DEVAW 4(introduction,e,f,p); WCHR Programme 38; CRC 34.

Recognise that forced sterilisation, forced abortion, forced use of contraceptives, forced prostitution, and certain traditional or customary practices derived from cultural patterns and extremism are acts of violence against women and violations of human rights, and should be prohibited and eliminated.

FWCW Platform 115, 118, 122, 224, 232(g); WSSD Programme 79(b); WCHR Programme 49.

Condemn violence against women and girls and refrain from invoking any custom, tradition or religious consideration to avoid obligations with respect to its elimination.

FWCW Platform 124(a); DEVAW 4; WCHR Declaration 18, Programme 38, 49.

Take all appropriate measures to eliminate all forms of discrimination and violence against girl children, including to abolish traditional practices prejudicial to the health of children and root causes of son preference.

FWCW Platform 230(m), 277(c), 281(i); WSSD Declaration Commitment 5(h), Programme 79(b); ICPD 4.16(a), 4.23; WCHR Programme 38, 48, 49; CRC 24.3; CEDAW 2(f), 5(a).

Close gender gaps in mortality and morbidity of girls where excess mortality of girls exists, and eliminate female infanticide.

FWCW Platform 106(l), 107(a), 230(m), 277(c); ICPD 4.17; WCHR Programme 48.

Law

Ratify and ensure implementation of the Convention on the Elimination of All Forms of Discrimination Against Women, so as to achieve universal ratification by the year 2000, avoiding and withdrawing reservations to the Convention in so far as possible.

FWCW Platform 124(f), 230(b); WSSD Declaration Commitment 5(k); ICPD 4.5; DEVAW 4(a); WCHR Programme 39.

Enact, strictly enforce and repeal legislation and international measures, and take preventive measures, to protect women, youth and children from all forms of violence and abuse, including female infanticide, prenatal sex selection, female genital mutilation and other traditional practices, incest, sexual abuse, sexual exploitation, trafficking in children, and child prostitution and pornography.

FWCW Platform 107(q), 113(a), 115, 130(e), 230(m,n), 283(b,d); WSSD Declaration Commitment 5(h), Programme 17(b), 39(d), 79(b); ICPD Principle 11, 4.4(e), 4.9, 4.23, 6.9, 6.10, 7.39, 10.16(c), 10.18; WCHR Declaration 18, Programme 48, 49; DEVAW 4(introduction,c,f); CRC 19.1, 34, 35, 36; CEDAW 6.

Prohibit the practice of female genital mutilation and other harmful practices, recognising that some of these practices are violations of human rights and ethical medical principles.

FWCW Platform 107(a), 232(h); ICPD 4.22, 5.5, 7.35, 7.40.

Enact and enforce legislation against the perpetrators of practices and acts of violence against women, including female genital mutilation, prenatal sex selection, infanticide, and dowry-related violence.

FWCW Platform 124(i); DEVAW 4(c).

Establish the necessary conditions and procedures to encourage victims of violence to report violations of their rights and provide them with full and equal access to the mechanisms of justice and to just and effective remedies, including through the provision of low-cost or free legal assistance for those living in poverty.

FWCW Platform 58(p), 124(h,l), 125(a), 227, 232(n); WSSD Programme 15(h), 35(i), 71(d); ICPD 7.39; DEVAW 4(d); WCHR Declaration 27; CRC 19.2.

Services

Provide rehabilitation and support programmes for victims of violence, including confidential counselling and mental health care

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for girls and women of all ages who have experienced any form of violence, including sexual abuse, sexual exploitation, prostitution, and trafficking.

FWCW Platform 106(q), 107(q), 124(d), 125(a), 126(c), 130(d), 283(d); WSSD Programme 39(e), 79(a,b,k); ICPD 4.9, 4.10, 6.10, 7.39; DEVAW 4(g); WCHR Declaration 18; CRC 19.2, 39.

Strengthen international coordination and support for education and health programmes to protect women, adolescents, and children from all forms of violence and abuse, and to combat trafficking.

WSSD Declaration Commitment 6(y), Programme 17(b), 79(f,k); ICPD 4.9, 6.9; WCHR Declaration 18; CRC 34, 35.

Provide treatment and rehabilitation services for girls and women who have suffered female genital mutilation.

FWCW Platform 283(d); WSSD Programme 79(b); ICPD 7.40.

Provide counselling for men and women to discourage the practice of female genital mutilation.

ICPD 7.40.

Support and promote the role of primary health care, family planning, school health centres, mother and child protection services, centres for migrant families and others in information and education related to abuse.

FWCW Platform 125(f).

Training

Create, improve or develop gender-sensitive training and other programmes for judicial, legal, medical, social, educational, police and immigrant personnel, as well as members of parliament and the military, in order to increase understanding of the causes and consequences of violence against women, to avoid the abuse of power leading to it, to sensitise such personnel to the nature of gender-based acts, and to ensure fair treatment of female victims.

FWCW Platform 124(g,n), 232(i), 283(c); DEVAW 4(i).

Public Information & Education

Develop programmes and procedures to educate and raise awareness of, and prevent, acts of violence against women that constitute a crime and a violation of their human rights, including by supporting non-governmental organisations and women's groups in this effort.

FWCW Platform 125(d,e), 126(b); WSSD Declaration Commitment 6(y); ICPD 7.39; DEVAW 4(e,f).

Raise awareness of and encourage the important role of the media in educating people about the causes and effects of violence against women, in eliminating degrading and violent portrayals, and in stimulating public debate about the topic.

FWCW Platform 125(j), 129(d), 277(b).

Inform women who have experienced violation of their rights in seeking redress through the mechanisms of justice available, including by disseminating such information in easily understandable formats.

FWCW Platform 124(h), 233(b,c,e); WSSD Programme 28(g), 73(f); ICPD 7.39; DEVAW 4(d).

Research

Promote research and data collection on the causes and consequences of different forms of violence against women, and on measures to prevent and redress it. Improve gender-disaggregated and age-specific data on the victims and perpetrators of all forms of violence against women.

FWCW Platform 206(j); DEVAW 4(k).

Encouraging Male Participation & Shared Responsibilities

4

National

Plans:

Priority

Issues

The neglect of women's sexual and reproductive rights is rooted in gender-based discrimination that designates them as subordinate and less empowered than men in all areas of public and private life — including in the exercise of their human rights and in maintaining their own health and well-being. Gender-prescribed roles also limit men's opportunities to fully enjoy family life and child-rearing, and to benefit from improved communication, health and relations with women in matters of sexuality and reproduction.

To achieve the goals of social integration, social justice, and sustainable economic development, relations between men and women must be based on mutual respect and shared rights and responsibilities. Gender-based discrimination results from the socio-cultural patterns that both men and women perpetuate, and improvements will therefore require changes in the attitudes and behaviours of both sexes if sexual and reproductive health commitments, and gender equality, are to be achieved.

Goals

Promote changes in both men's and women's knowledge, attitudes and behaviour to achieve a harmonious partnership between men and women, and enable women to realise their full potential.

WSSD Declaration Commitment 5(a); ICPD 4.3(a), 4.24.

Improve communication between men and women on issues of sexuality and reproductive health, and the understanding of their joint responsibilities, so that they are equal partners in public and private life.

ICPD 4.24.

Encourage men's responsibility for sexual and reproductive behaviour, and increase male participation in family planning.

WSSD Declaration Commitment 5(g); ICPD 4.25, 7.14(e).

Policy & Law

Encourage men to share equally in child-rearing and child support, household and family responsibilities, and family planning,

Encouraging Male Participation & Shared Responsibilities

through policies, laws, education, and other reforms and measures, to enable parents to combine work responsibilities with family obligations, including parental leave, flexible working hours, day-care, breast-feeding facilities, and health insurance, in particular for single-parent households.

FWCW Platform 107(c), 173(g), 179(c,d), 180(b), 274(c); WSSD Declaration Commitment 5(g), Programme 7, 56(d); ICPD 4.13, 4.26, 4.27, 4.28, 5.3; CRC 18.3; CEDAW 11.2(c).

Services

Support integral sexual education and services for young people with parental support and guidance that stresses the responsibility of males for their own sexuality and fertility.

FWCW Platform 267; ICPD 7.8., 7.37.

Design specific programmes for men of all ages, including adolescents, that provide adequate counselling and information to promote responsible sexual and reproductive behaviour, male methods of contraception, and methods for the prevention of sexually transmitted diseases and HIV/AIDS, including abstinence and condom use.

FWCW Platform 108(l); ICPD 7.8.

Training

Sensitise health care providers, including sexual health and family planning providers, in male perspectives on sexuality and reproduction, in order to enable them to encourage male responsibility for sexual and reproductive behaviour.

FWCW Platform 106(f), 108(l); ICPD 7.8, 13.9(a).

Train providers in the promotion of and counselling on condom use, voluntary abstinence, and male methods of contraception.

FWCW Platform 108(l,m); ICPD 8.31.

Public Information & Education

Launch media campaigns, communication and education efforts, including for children at the earliest ages, that raise public aware-

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ness about and promote gender equality, mutual respect and shared responsibilities between boys and girls; eliminate harmful attitudes and practices; emphasize men's shared responsibility and active involvement in responsible parenthood, family life, sexual and reproductive behaviour, family planning, acceptance of their major share of responsibility for the prevention of sexually transmitted diseases, including HIV/AIDS, for prenatal, maternal and child health and prevention of unwanted pregnancies, and for prevention and elimination of violence against women and children.

FWCW Platform 83(b), 107(a), 108(e), 245(a), 278(c); WSSD Declaration 5(g), Programme 56(e); ICPD 4.26, 4.27, 7.8, 8.27.

Boys and young men should be reached from the earliest ages through schools, youth organisations and wherever they congregate; they should be taught to respect women's self-determination and to share responsibility with women in matters of sexuality, reproduction and family life.

FWCW Platform 83(b), 107(d), 267; ICPD 4.27, 7.8, 7.41.

Develop communications and media strategies to promote public debate on the new roles of men and women in society and in the family, and to disseminate information on women leaders.

FWCW Platform 192(e), 245(b); CEDAW 5(b).

Develop training programmes and materials for parents, teachers and educators that raise awareness about their role in promoting gender-sensitivity, shared responsibilities and equality between girls and boys, and in providing support and guidance in the areas of sexual behaviour and reproductive health.

FWCW Platform 83(a,b,c), 108(h), 276(c); WSSD Programme 16(b); ICPD 4.19, 4.29, 7.48, 11.5(c), 11.9; DEVAW 4(j); CEDAW 10(c).

Provide reproductive health information and services for men at the workplace.

ICPD 7.8.

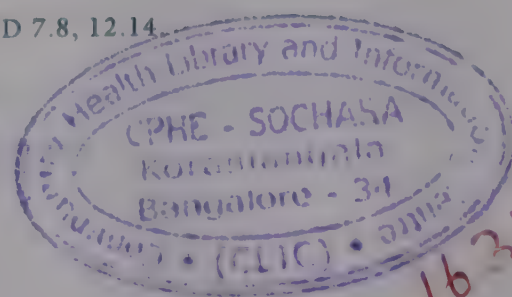
Research

Undertake special research on the factors inhibiting male participation in order to enhance male involvement and responsibility in family planning.

ICPD 12.14.

Develop and promote male methods of contraception.

ICPD 7.8, 12.14.



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Safe Motherhood & Unsafe Abortion

More than half a million women die every year from pregnancy-related causes. Tens of thousands of deaths and millions of disabilities result from the 20 million unsafe abortions that occur every year. Many of these deaths occur among adolescent girls and young women. Most of them are preventable, and nearly all of them occur in developing countries. A sustained commitment to women's health and rights is urged to address the tragedy of maternal mortality and morbidity and improve women's reproductive health.

Goals

Improve women's health and nutrition, reduce maternal mortality and morbidity, and greatly reduce the number of deaths from unsafe abortion.

WSSD Declaration Commitment 6(p), Programme 36(d); ICPD 8.20(a,b); WCHR Programme 47.

Enable women to exercise their right to control their own fertility and their right to make decisions concerning reproduction free of coercion, discrimination and violence.

FWCW Platform 95; ICPD Principle 4, 7.3.

Policy

Establish or strengthen integrated safe motherhood programmes, within the context of primary health care, with reduction goals and target dates to reduce maternal mortality and morbidity by one half of the 1990 levels by the year 2000, and by a further one half by 2015.

FWCW Platform 106(i); WSSD Declaration Commitment 6(p), Programme 36(d), 37(e); ICPD 8.17, 8.21.

Reduce disparities in maternal mortality and morbidity within and between countries, socio-economic and ethnic groups.

ICPD 8.21.

Strengthen and increase investments in infrastructure and transportation to ensure access to necessary services to reduce maternal mortality and morbidity at each level of the health system, with particular attention to maternal and emergency obstetric care, especially to benefit poor rural and urban areas.

FWCW Platform 106(e,i,y), 110(a); WSSD Programme 25, 27(b), 34(c); ICPD 13.14(a), 13.15.

Implement special programmes on the nutritional needs of women of child-bearing age, and aim to prevent and reduce iron deficiency anaemia in girls and women by one third of the 1990 levels by the year 2000.

FWCW Platform 106(w); WSSD Declaration Commitment 2(b); ICPD 8.24; CEDAW 12.2.

Recognise unsafe abortion as a major public health concern and frame policies and programmes based on a commitment to women's health.

FWCW Platform 106(j,k); ICPD 8.25.

Prevention of unwanted pregnancy must be given the highest priority and the need for abortion reduced through improved access to family planning information and services.

FWCW Platform 106(k); ICPD 8.25.

Programmes should pay greater attention to the reproductive health needs of adolescents and young women to prevent their major share of maternal mortality and morbidity, by reducing unwanted pregnancy and unsafe abortion.

ICPD 8.19.

Develop monitoring mechanisms to assess progress in reducing maternal mortality and morbidity.

ICPD 8.22.

Develop or strengthen programmes to prevent, detect and treat cancers of the reproductive system.

FWCW Platform 107(m); ICPD 7.6.

National

Plans:

Priority

Issues

Law

Review existing legislation, including health legislation and policies, to reflect a commitment to women's health.

FWCW Platform 106(b).

Consider reviewing laws containing punitive measures against women who have undergone illegal abortions.

FWCW Platform 106(k).

Services

Provide access to safe motherhood services as part of integrated reproductive health in the context of primary health care, to all the population, and especially to the most vulnerable and underserved groups. Safe motherhood, maternal-child health and family planning programmes should include:

- education on safe motherhood;
- promotion of maternal nutrition;
- provision of micronutrient supplementation and tetanus toxoid, where appropriate;
- prenatal care and counselling, with special emphasis on detecting and managing high-risk pregnancies, particularly of adolescents and late-parity women;
- adequate delivery assistance, in all cases by a trained person, without excessive recourse to caesarean sections;
- quality care for obstetric emergencies, including referral services for pregnancy, childbirth and abortion complications;
- information and counselling on the prevention of sexually transmitted diseases, including HIV/AIDS, and its implications for the child;
- post-natal care;
- family planning counselling, information and services, including post-abortion information and services, and promotion of longer intervals between births;
- compassionate counselling and reliable information for women who have unwanted pregnancies;
- safe abortion where it is not against the law;

humane counselling and treatment for women who have had recourse to abortion;

and neonatal care, including exclusive breast-feeding.

FWCW Platform 106(k), 108(i); ICPD 7.24, 8.8, 8.17, 8.18, 8.22, 8.23, 8.25, 8.26, 13.14(b); CRC 24.2(d); CEDAW 12.2, 14.2(b).

National

Plans:

Priority

Issues

Training

Ensure that medical school curricula and health care training include gender-sensitive, comprehensive and mandatory courses on women's health.

FWCW Platform 107(p).

Public Information & Education

Launch public education campaigns on safe motherhood.

ICPD 11.16.

Education and counselling for adolescent men and women should be provided to delay premature sexual activity and first pregnancy.

ICPD 8.24

Develop education programmes to engage men's support for maternal health and safe motherhood.

ICPD 8.22.

Promote public education on the benefits of breast-feeding and ensure community participation in breast-feeding support programmes.

FWCW Platform 106(r); ICPD 7.23(h), 8.7, 8.18.

Family Planning

Despite increased availability of modern methods of family planning, 350 million couples do not have access to a full range of modern family planning methods; an additional 120 million women would use contraceptives if information and services were available. The lack of access to quality, voluntary family planning results in unwanted and high-risk pregnancies, unsafe abortions, adolescent fertility, and maternal mortality and morbidity. In some cases, abuses by family planning providers and programmes, including forced sterilisation, forced abortion, and forced contraception — which are now recognised as a form of violence against women — violate users' rights. The lack of knowledge and of options available undermines the right of couples and individuals to exercise control over their fertility, and to have children in health and by choice.

The quality and availability of family planning will need to expand rapidly to meet existing needs and close large gaps in services.

Goals

Assist couples and individuals to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice.

ICPD Principle 8, 7.12, 7.14(c), 7.16.

Improve the quality of family planning programmes, and uphold the principle of voluntary and informed choice.

FWCW Platform 106(g); ICPD 7.5(b), 7.12, 7.14(d), 7.15, 7.23(introduction,a,b).

Policy & Law

Provide universal access to a full range of safe and reliable family planning methods which are not against the law as part of comprehensive sexual and reproductive health care, in all cases by the year 2015.

FWCW Platform 106(e,i); WSSD Programme 36(h); ICPD 7.2, 7.4, 7.6, 7.14(a), 7.16; CEDAW 12.1.

National**Plans:****Priority****Issues**

Remove all major remaining barriers to family planning use by the year 2005, including unnecessary legal, medical, clinical and regulatory barriers to information and methods.

ICPD 7.19, 7.20.

Develop policies and programmes in terms of unmet need for quality family planning information and services. Governments should not impose incentive schemes or demographic goals on family planning providers in the form of quotas or targets for the recruitment of clients. Any form of coercion has no part to play in family planning programmes.

ICPD Principle 8, 6.4, 6.25, 7.12, 7.16, 7.22.

Link family planning programmes to broader reproductive health programmes, including by integrating services, such as family planning and maternal-child health.

ICPD 7.6, 7.16, 8.8.

Use the full means available to support the principles of voluntary, informed free choice and informed consent and to ensure conformity to human rights, ethical and professional standards in the delivery of family planning services, including by establishing mechanisms to detect and control abuses by providers.

FWCW Platform 106(g); ICPD Principle 8, 7.12, 7.15, 7.17.

Involve non-governmental organisations in helping to monitor public and private family planning programmes.

ICPD 7.18.

Services

Family planning services should improve quality of care and:

- ensure accurate information and access to the widest possible range of safe and effective family planning methods appropriate to the individual's age, parity, family size preference and other factors, including information on health risks and benefits, to enable men and women to exercise free and informed choice;
- ensure a sufficient and continuous supply of high quality contraceptives, and ensure follow-up care, including for contraceptive side-effects;

provide information on the prevention of sexually transmitted diseases, including HIV/AIDS, especially for adolescents, and make high-quality condoms widely available;

include facilities for the diagnosis and treatment of common sexually transmitted diseases and other reproductive tract infections wherever possible;

provide post-abortion counselling, education and family planning information and services to help avoid repeat abortions;

provide counselling on breast-feeding and promote longer intervals between births;

provide referral for additional sexual and reproductive health services, including further diagnosis and treatment of sexually transmitted diseases, including HIV/AIDS, infertility, pregnancy and abortion-related services.

FWCW Platform 97, 106(h,k,u,r), 108(m); ICPD 7.6, 7.23(a,b,c,f,h), 7.30, 7.32, 7.33, 7.41, 8.17, 8.18, 8.25, 8.31, 8.35.

Family planning services should be evaluated based on user perspectives and qualitative and quantitative measures, including through client surveys.

ICPD 7.23(g).

Training

All health care providers should receive expanded training on family planning and sexual and reproductive health care.

ICPD 7.23(d).

Family planning and other sexual and reproductive health care providers should be trained in:

the prevention, detection of and counselling on sexually transmitted diseases, especially infections in women and youth, including HIV/AIDS;

the promotion of responsible sexual behaviour, including voluntary abstinence and condom use;

improved interpersonal communications and counselling, and user and gender perspectives;
the importance of respecting voluntary and informed choice and consent, and the user’s right to privacy and confidentiality.

FWCW Platform 95, 106(f,g), 107(c,g), 108(k,l); ICPD 7.12, 7.23(c,d), 7.31, 7.32, 8.31, 13.9(a).

National

Plans:

Priority

Issues

Public Information & Education

Launch public education campaigns on family planning, responsible parenthood, and reproductive choices and rights.

ICPD 11.16.

Encourage the participation of men in family planning through education efforts.

FWCW Platform 108(l); ICPD 4.26.

Preventing the Spread of Sexually Transmitted Diseases and HIV & Addressing the AIDS Pandemic

Over 300 million new cases of sexually transmitted diseases (STDs) occur every year. They can result in infertility, increased risk of HIV-infection, chronic pain, pregnancy-related problems and birth defects. One in 20 adolescents is affected by STDs. By the year 2000, up to 40 million people could be HIV-infected if urgent measures are not taken to prevent the spread of HIV/AIDS. Adolescents, especially female adolescents, and women are particularly vulnerable due to a lack of information and services, socio-cultural barriers that prevent them from taking measures to protect themselves, and sex-specific biological factors that make them more susceptible to sexually transmitted diseases.

Goals

Prevent and reduce the spread of reproductive tract infections and other sexually transmitted diseases (STDs), including HIV/AIDS, and provide treatment for STDs and their complications, such as infertility, with special attention to increasing the ability of girls and women to protect themselves.

WSSD Declaration 22, Commitment 6(q); ICPD 7.19, 7.29, 7.33, 8.29(a).

Provide quality care for HIV/AIDS infected individuals and support for people affected by the AIDS pandemic.

WSSD Declaration Commitment 6(q), Programme 38; ICPD 8.29(b).

Policy

Provide universal access to affordable, preventive services with respect to sexually transmitted diseases, including HIV/AIDS, through the primary health care system.

FWCW Platform 108(m); WSSD Declaration Commitment 6(q); ICPD 7.6, 7.30.

Commitments to Sexual and Reproductive Health and Rights for All

Framework for Action

National**Plans:****Priority****Issues**

Mobilise national and international resources and ensure adequate investments in new methods of prevention, diagnosis and treatment for sexually transmitted diseases, including HIV/AIDS.

FWCW Platform 108(o,p); WSSD Programme 35(d); ICPD 8.29(c), 8.33, 12.10.

Develop multi-sectoral, gender-sensitive programmes to assess and address the socio-economic, health and developmental consequences of HIV/AIDS and other sexually transmitted diseases, particularly on women, that include the provision of economic resources, facilities and counselling for those infected with HIV/AIDS and for their families, principal care-givers, and survivors, particularly children and older persons.

FWCW Platform 98, 108(d,e,f,g); WSSD Declaration 22, Commitments 6(q), 7(g), Programme 38(d); ICPD 5.11, 8.30, 8.34.

Involve communities, women's groups and women, especially those infected with HIV/AIDS or other sexually transmitted diseases, in all decision-making relating to the development, implementation, monitoring and evaluation of programmes and policies.

FWCW Platform 108(a,j); ICPD 8.7.

Make condoms and drugs for the prevention and treatment of sexually transmitted diseases widely available and affordable and include them in all essential drug lists, recognising that STDs greatly increase the risk of HIV transmission.

FWCW Platform 108(m); ICPD 7.33, 8.31, 8.35.

Eliminate discrimination against HIV-infected individuals and encourage all sectors of society, including the public sector and international organisations, to develop compassionate and supportive policies and guidelines related to HIV/AIDS, including to protect their individual rights and their right to confidentiality.

FWCW Platform 108(b,c); WSSD Declaration Commitment 6(q), Programme 38(introduction,d); ICPD 8.29(b), 8.34.

Support coordinated global actions against HIV/AIDS, such as the co-sponsored United Nations Programme on HIV/AIDS.

WSSD Declaration Commitment 6(w).

Law

Review and amend laws that may contribute to women's susceptibility to HIV infection and other sexually transmitted diseases, including enacting legislation against socio-cultural practices that contribute to it.

FWCW Platform 108(b).

Services

All sexual and reproductive health programmes, including family planning facilities, especially at the primary health care level, should:

- prevent, detect, and wherever possible, diagnose and treat, sexually transmitted diseases and other reproductive tract infections;

- promote, supply and distribute high-quality condoms and provide drugs for the treatment of sexually transmitted diseases;

- make sexual education, information, and counselling on responsible sexual behaviour, including voluntary abstinence, and effective prevention of sexually transmitted diseases and HIV an integral component of all reproductive and sexual health services, especially for adolescents;

- give all women and health workers information about sexually transmitted diseases, including HIV/AIDS, and pregnancy, and the implications for the baby, including breast-feeding;

- refer for additional services related to reproductive tract infections, including STDs and HIV/AIDS.

FWCW Platform 107(g), 108(i,l,m), 109(e); ICPD 7.6, 7.30, 7.31, 7.32, 7.33, 7.41, 8.17, 8.31, 8.35.

Develop guidelines and counselling services on AIDS and sexually transmitted diseases within the primary health-care system.

ICPD 8.31

Strengthen and expand voluntary HIV detection programmes and ensure their confidentiality.

FWCW Platform 108(m); ICPD 8.34.

Control the quality of blood products and equipment decontamination.

ICPD 8.35.

National

Plans:

Priority

Issues

Training

Give specialised training to all health care providers, including all family planning providers, in:

- the prevention, detection of and counselling on sexually transmitted diseases, including HIV/AIDS, especially infections in women and youth;
- the promotion of safe sexual behaviour, including voluntary abstinence and condom use;
- the identification of high-risk behaviours needing special attention and services;
- the avoidance of contaminated blood products and equipment;
- the avoidance of sharing needles among injecting drug users.

FWCW Platform 108(l,m); ICPD 7.31, 7.32, 8.31, 8.35.

Public Information & Education

Mobilise all parts of society in response to the HIV/AIDS pandemic, including by launching education campaigns that raise awareness and emphasize behavioural change.

FWCW Platform 108(f); ICPD 8.29(a), 8.31, 8.32.

Provide workshops and specialised education to parents, decision-makers, religious and traditional authorities at all levels of the community on the prevention and repercussions of HIV/AIDS and other sexually transmitted diseases.

FWCW Platform 108(h); ICPD 8.32.

Promote programmes to educate and enable men to assume their major share of responsibility to prevent HIV/AIDS and other sexually transmitted diseases.

FWCW Platform 108(e); ICPD 7.8.

Research

Strengthen current efforts to find a vaccine and to develop affordable women-controlled methods to prevent HIV and other sexually transmitted diseases, such as vaginal microbicides.

FWCW Platform 108(o,p); ICPD 8.29(c), 8.33.

Support policy and action-oriented research on HIV/AIDS and other sexually transmitted diseases that addresses women's needs and situations, including on strategies that empower women to protect themselves from infection, on human sexuality and male and female risk-taking attitudes and practices, and on methods of care of women, involving women in all such research.

FWCW Platform 108(o,p); ICPD 7.38, 12.13.



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